U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 9746	2 Fiscal Year Covered From
	01 / 21 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name JAMES CLILLARD	Name LATHERS LOCAL 9068 L
	Labor Organization File Number 58/-670
P O Box, Bldg Room No If any	P O Box, Building and Room Number, if any
Street 304/3 WRIGHT WAY	Street 8400 ENTERPRISE WMY
City BRENTWOOD	City BAKLAMD
State C. ZIP Code + 4945/3-922	State (24) ZIP Code + 494671 -1336
5 Position in labor organization RECROMG SECRETARY FOR 9068 L	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of	
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income
Name	
Trade Name, if any	
P O Box, Bldg , Room No , if any	7 b Amount
Street	
City	t
State ZIP Code + 4	
Signature	
15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Januar C July	on 8/11/05 925-240-8534
	Date Telephone Number

Name of Person Filing Tames C LILLARD	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name, if any)  Name LATHERS LOCAL 88 TRUST FUHO  Trade Name, if any  P O Box, Bidg Room No , if any  Street 28.50 COLLIER CANYOTH RA  City LIVERMURE  State CA ZIP Code + 494551-4201	9 Business deals with  a Labor Organization  b Trust /T/S A TRUST FUHA  c Employer	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name LATHERS LOCAL 88 TRUST FUND  Trade Name, if any  P O Box, Bldg Room No , if any	BENEFIT TOUST FUNS	
Street 2850 COLLIER CAHYUY RC		
	11 b Approximate dollar value of such dealing	
City	RE-IMBURSAMENT OF LOST NAGES  AND BOUCATIONAL MEETING  EXPENSES	
	12 b Amount 4088 00	
-C-Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment	
Name Name		
The same of the sa		
P O Box, Bldg , Room No , if any		
Street		
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment	